

Please Type/Print

School _____

Received: _____

Advisor _____

**MISSOURI ΔEX
STATEMENT OF ASSURANCE**

I, _____, have properly completed and signed copies of the Missouri
Advisor's Name
ΔEX Comprehensive Consent Form on file for each student attending Missouri ΔEX activities.

By signing below I am also indicating that I will have the Missouri ΔEX Comprehensive Consent Form in my possession for the duration all ΔEX activities, including travel to and from these activities. I also understand the following:

1. Missouri ΔEX will not collect the Comprehensive Consent Form prior to or at Missouri ΔEX activities.
2. The Missouri ΔEX Comprehensive Consent Form, when properly and totally completed, provides the best protection for my student's medical needs and my liability during either of these activities.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated as indicated by my signature appearing below.

Date

Chapter Advisor Signature

School Official Signature

PLEASE RETURN THIS FORM TO STATE ADVISOR PRIOR TO ATTENDING YOUR FIRST STATE ACTIVITY.